

COMBINED DECLARATION AND POWER OF ATTORNEY
(JOINT INVENTORS)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

☒ original

INVENTOR IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**DIAGNOSIS AND TREATMENT FOR IMMUNOGLOBULIN E (IgE)
IMPLICATED DISORDERS**

SPECIFICATION IDENTIFICATION

the specification for which is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

2047945 "04403
047945 "04403

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

John R. Casperson, Reg. No. 28,198.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

John R. Casperson
PO Box 2174
Friendswood, Texas 77549

John R. Casperson - (281) 482-2961

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor:

BINIE

V.

LIPPS

Given Name

Middle Initial or Name

Last Name

Inventor's signature

Binie V. Lipps

Date: Jan 14, 2002 Country of Citizenship: U.S.A.

Residence: 4509 Mimosa Drive, Bellaire, Texas 77401

Post Office Address: 4509 Mimosa Drive, Bellaire, Texas 77401

Full name of second inventor:

FREDERICK

W.

LIPPS

Given Name

Middle Initial or Name

Last Name

Inventor's signature

Frederick W. Lipps

Date: 1/14/02 Country of Citizenship: U.S.A.

Residence: 4509 Mimosa Drive, Bellaire, Texas 77401

Post Office Address: 4509 Mimosa Drive, Bellaire, Texas 77401